

**Patent Application Data Entry Format**

**Inventor Information**

Inventor One Given Name:: James E.  
Family Name:: Blood  
Postal Address Line One:: 5910 Hodgson Road  
City:: Shoreview  
State or Province:: MN  
Postal or Zip Code:: 55126  
Citizenship Country:: US

**Correspondence Information**

Correspondence Customer Number:: 23595  
Electronic Mail:: linda@nm-iplaw.com

**Application Information**

Title Line One:: method for preparing integrated circuit  
Title Line Two:: modules for attachment to printed  
Title Line Three:: circuit substrates  
Total Drawing Sheets:: seven  
Formal Drawings?: Yes  
Application Type:: Utility  
Docket Number:: 20020604.ORI

**Representation Information**

Representative Customer Number: 23595

**Assignee Information for Inclusion on the Patent Application Publication:**

Assignee:: Cardiac Pacemakers, Inc.  
Address:: 4100 Hamline Avenue North  
St. Paul, MN 55112